Community-Based Organization (CBO) Awardees

Maine's Community-Based Health Worker Initiative for Families with Young Children

Performance period 4/2024–12/2025

Community-based, culturally and linguistically responsive approaches are a critical component of early childhood system building, particularly for families who face barriers to accessing traditional service systems. For families who have recently resettled in Maine, trusted community-based organizations play a central role in supporting navigation, early identification of needs, and connections across early childhood, health, and social service systems. When delivered by trusted messengers and grounded in cultural and language compatibility, these approaches can strengthen family engagement, promote equitable access to services, and support more coordinated and responsive systems for young children and their families.

The Community-Based Organization (CBO) Awardees initiative was originally designed to support families with young children who have newly resettled in Maine through culturally and linguistically responsive, community-based service delivery. Building on health equity investments initiated during the COVID period, the initiative focused on the use of community health workers (CHWs) embedded within trusted community-based organizations to support navigation, early identification of needs, and connections to early childhood, health, and social service systems. While participating organizations varied in their specific focus and service models, all awardees used grant funds to recruit CHWs who were culturally and linguistically compatible with the populations they served. The initiative prioritized implementation in Lewiston, Portland, and York County, areas with the highest concentrations of newly resettled families, while recognizing that unmet needs persist elsewhere in the state. It is important to note that the grantees broadened their reach in the last year of the PDG and CHWs were available to support all families with young children in their communities.

This report presents **findings from outcome-focused assessment activities** conducted in fall 2025 as part of Maine's Preschool Development Grant–Renewal (PDG-R) program. Drawing on diverse data,[1] the report examines the Community-Based Organization (CBO) Awardees initiative with respect to the following PDG-R outcome areas:

- **Impact**, including intended outcomes related to family access, early identification, trust-building, and connections to early childhood and health services.
- **Communication and cross-sector coordination**, including partnerships among community-based organizations, state agencies, and service providers.
- **System building**, including early contributions related to navigation, referral pathways, and coordination across early childhood, health, and social service systems t.
- **Supports and access**, including design features that facilitated participation, training, and supports for community health workers, and barriers affecting families and providers.

[1]Data sources for this report include an interview with state leads Ana Hicks and Chan Himm, interviews with staff from three of the four CBO awardees, and monthly initiative reports.

Across the four CBO awardees, organizations brought distinct organizational focuses and served different community contexts, but all used grant resources to support community health workers recruited to ensure cultural and language compatibility with the populations served. Individuals selected for CHW roles were typically members of the communities they served and brought multilingual capacity to support communication and trust-building with families. Across sites, CHWs were positioned to support families with navigation and connections to services for young children, while remaining responsive to broader family needs that emerged through ongoing engagement.

CBO AWARDEES FEATURES

Participating organizations (4): York County Community Action; Greater Portland Health; New Mainers Public Health Initiative (Lewiston); Maine Community Integration (Lewiston).

Community health workers: 9 community health workers hired across participating organizations.

Languages spoken by community health workers: English, Lingala, Portuguese, French, Spanish, Dari, Pashto, Somali, Kinyarwanda, and Swahili

The sections that follow examine how the CBO Awardees initiative was implemented across sites and its early contributions to family access, cross-sector coordination, and system-building efforts.

What was the impact of the awards?

Understanding the impact of PDG-R–supported initiatives is essential to assessing whether investments are achieving intended outcomes and meaningful changes for children, families, and providers. This section examines the impact of the CBO Awardees initiative, focusing on evidence of change in family access, trust-building, and early identification of needs.

The **intended outcomes** of the awards included:

- **Strengthened early childhood prevention** through community-based health workers who supported families in navigating health, early childhood, and social service systems.
- **Increased trust and access** to community services among newly resettled families through culturally and linguistically responsive engagement
- **Improved family knowledge** through education, resources, and tools to support children's development and strengthen parent–child relationships.
- **Earlier identification of developmental and health needs** and improved follow-through with appropriate health and educational supports

Within these shared goals, individual awardees identified more specific outcomes aligned with the needs of the populations they served. For example, Greater Portland Health prioritized increasing access to children's health and developmental screenings, while the New Mainers Public Health

Initiative (NMPHI) focused on educating new and first-time mothers about early childhood health and development.

Interviews with state initiative leads and representatives from participating organizations indicate that the awards contributed to progress toward these intended outcomes, particularly through direct service delivery and relationship-based engagement with families. Impacts were most evident at the family and community level, while broader institutional or system-level changes were more limited during the performance period.

Supporting access to health, developmental, and early childhood services. Community health workers supported families in addressing young children's health and developmental needs, including facilitating developmental and health screenings, referrals to early intervention programs, placement in child care and Head Start, immunizations, and access to basic needs such as nutrition and equipment (e.g., care seats). These supports helped reduce barriers related to language, system complexity, and trust, enabling families to engage more consistently with services.

Responding to family needs through a whole-family approach. As noted by state leads Ana Hicks and Chan Himm, planned activities were frequently overtaken by "the crisis of the moment," as families faced urgent challenges related to mental health, violence prevention, job loss, and housing displacement. These realities shaped how services were delivered and required flexibility in implementation.

> **State initiative lead Chan Himm emphasized that a distinguishing feature of the awards was sustained attention to the relationship between parent and child, noting that trust was built when families saw consistent care and concern for their children's well-being.**

The site examples that follow illustrate how awardees advanced intended outcomes across different community contexts, drawing on interviews with participating organizations.

Greater Portland Health has 16 locations serving approximately 5,000 young children. Prior to the grant, the organization had difficulty ensuring that developmental screenings were happening routinely for all populations. Through three grant-funded community health workers, they focused on social drivers of health screening. Community health workers addressed families' concerns (often related to required immunizations or autism diagnoses) and connected them to services immediately after screenings.

According to the organization's outreach manager, visits to health centers by families among harder-to-reach populations increased significantly as trust developed, and medical appointment "no shows" decreased dramatically. Further, over the grant period, medical personnel increasingly relied on community health workers. While young children were the grant's focus, the program's "whole family" perspective meant that multiple family members' needs could be addressed simultaneously: Support for the full family builds trust.

One major outcome was ensuring that children who screened positive for intervention received services from Child Development Services by managing paperwork and connections. Approximately 80 children were referred to CDS during the performance period.

New Mainers Public Health Initiative focused on providing classes in health and early childhood development to mothers, offering resources such as formula, making referrals to Head Start, and responding to concerns and questions about normal development, vaccines, special needs, the role of CDS, and school entry.

Repeated participation in parenting classes, incremental increases in the number of participants, and return visits to the agency for guidance are markers of the trust that developed.

> **"Without us, parents don't have anyone to cheer for them."**
> **(Community health worker, New Mainers Public Health Initiative)**

York County Community Action Corporation (YCCAC) services started with the goal of ensuring that children receive developmental assessments, but quickly found that families needed health care, housing, and other services before they were ready to engage. Over time, the community health worker served 120 families (approximately 400 children) who had relocated to Sanford; many of the families are headed by single mothers. He engaged families' trust by first addressing their priorities, often housing, while persisting in focusing their attention on their children's needs. He found ways to navigate various medical and social service systems and streamline access, including working with hospitals and medical providers to enable families to complete health screening and intake forms online on his behalf in advance of medical visits.

YCCAC's community health worker undertook a special project to understand the effects of trauma that families had experienced prior to relocating to Maine, focusing on the effects of trauma on children. He learned that most families reaching Maine from Angola or the Congo had been in 9-10 countries before arriving. By the time the family arrives in Maine, they are depleted of resources, and the children have lost 2-3 years of study because formal learning has been episodic. He packaged the information into a presentation and shared it with other providers to help them better understand and serve families.

Across sites, the **whole-family approach** involved addressing immediate family needs—typically through referrals—while maintaining a focus on young children's health and development. Addressing urgent family priorities was described as necessary to build trust and create conditions for families to engage in services for their children.

How did CBO Awardees build collaborations?

The PDG grant plays a pivotal role in supporting initiatives that coordinate services across early childhood, health, and family support systems. For families who have recently resettled in Maine, access to timely, culturally responsive services often depends on effective coordination among community-based organizations and public agencies. Cross-sector collaboration enables community health workers to connect families to appropriate supports, reduce barriers to access, and respond flexibly to changing needs, contributing to a more integrated and responsive service landscape for young children and their families.

Brokered connections across multiple service systems. The initiative depended heavily on partnerships to meet the wide range of needs families presented. Community health workers brokered

services across multiple systems—health, early childhood, housing, food and nutrition, transportation, and legal supports—responding flexibly as family priorities shifted over time.

Common CBO Partners and Referral Networks

- Help Me Grow (car seats and referral support)
- Office of Child and Family Services
- Maine Centers for Disease Control (training)
- Maine Community Health Worker Initiative (training and peer support network)
- Maine Developmental Disabilities Council
- Catholic Charities (diapers and infant supplies)
- Maine Needs (basic baby equipment)
- Head Start programs
- Women, Infants, and Children (WIC)
- Biddeford Welcome Center
- Maine Families (home visiting)
- CradleME (pregnant parents and newborns)
- Local hospitals and medical providers

Peer collaboration among CBO awardees. Community health workers were quick to take advantage of resources throughout the state. Perhaps the most important collaborations were among the four CBOs and their community health workers, who met monthly for training and to exchange experiences.

Spreading culturally responsive practices through partnerships. Lessons related to overcoming cultural barriers extended beyond direct service delivery, reaching partner organizations and CBOs themselves. According to initiative leads, some partnering organizations learned lessons about serving newly resettled populations in culturally responsive ways. While the health care system was described as "piecemeal" in understanding of cultural differences related to health, progress was made in increasing sensitivity to cultural barriers. Community health workers at Greater Portland Health and YCCAC made headway within their own agencies to address cultural barriers related to health, transportation, and housing

How has the CBO Awardees initiative contributed to system capacity and sustainability for families who have been newly resettled in Maine?

Early childhood system building emphasizes the importance of coordination, capacity, and continuity across programs and services that support children and families. For families newly resettled in Maine, effective systems depend not only on the availability of services but also on trusted intermediaries who can help them navigate complex, often fragmented service landscapes. Within this context, the CBO Awardees initiative contributed to system functioning by supporting community health workers

who strengthened service navigation, facilitated cross-sector connections, and enhanced organizational capacity to respond to families' needs.

The evaluation team examined whether and how the initiative contributed to system-level capacity, coordination, and sustainability, including the extent to which grant-supported activities strengthened organizational infrastructure, improved service navigation, and positioned communities to continue supporting newly resettled families beyond the grant period.

Sustainability is constrained by funding limitations. Findings related to sustainability and continuation indicate that system-level contributions were meaningful but constrained by funding limitations. Without new grant funds, the CBOs are unlikely to maintain these community health workers. Portland, Lewiston, and York County agencies expressed a commitment to specialized work with targeted populations but acknowledged they do not have the capacity to provide services comparable to those of community health workers.

> **"We have learned that the model of an 'in-between' liaison is very important. Families are more familiar now with our services, and more people are coming to us."**
> (York County Community Action Corporation staff member)

> **"Our goal is to continue doing some form of this work and try to keep up with demand. The work won't end, but the capacity to spend time will change."**
> (Greater Portland Health representative)

Enduring organizational capacity gains. At the organizational level, some gains in system capacity are likely to persist. For example, Greater Portland Health improved documentation practices and data reporting, enabling them to identify gaps in screening and trends in need. This level of documentation enabled them to prepare for the expiration of SNAP benefits; they quickly supported 125 families with pediatric food resources.

In what ways did the CBO Awardees initiative support access and effective participation for families and community health workers?

Supports and access in early childhood system building focus on the conditions that enable effective participation and service delivery for children and families. For community-based organizations serving families who have recently resettled in Maine, access is shaped not only by the availability of services but also by training, implementation flexibility, and resources that support community health workers in responding to families' needs.

The evaluation team examined whether and how the CBO Awardees initiative supported effective service delivery, including training and peer networks for community health workers, flexibility to adapt services to local contexts, and conditions that either facilitated or constrained access for families and providers.

Which aspects of the program facilitated success for the CBOs and community health workers?

Training and Professional supports. Grantees praised the training provided for community health workers and the monthly meetings of the four grantees. The community health workers received foundational and ongoing training, which was universally highly valued.

Training highlights included:

The 40-hour online CHW Core Competency Training program

- Early childhood training
- Touchpoints training was especially important for helping parents navigate challenges.
- Trauma-informed practices
- Deep dive into Help Me Grow and statewide resources
- ASQ (Ages and Stages Questionnaire)
- CDC's Learn the Signs. Act Early

Flexibility and peer support. Grantees found the combination of flexibility and support to be helpful in maximizing benefits for families. The grant was flexible, allowing CBOs to prioritize and adjust services to meet the needs of their local client populations. One grantee noted that the autonomy enabled them to get things done and boosted staff morale, as they were happy to meet the immediate needs of families. Regular networking and extensive training for community health workers provided the type of support needed to maintain a high level of service.

Major challenges faced by CBO Awardees and community health workers

Contextual and system-level challenges. The economic and political climate further strains families struggling to meet basic needs and contributes to the already low level of trust in institutions. The state leads described several reasons why providing services to newly resettled populations in Maine is challenging, including the dispersion of the population seeking housing and job opportunities, racial and religious discomfort with the newcomers in some communities, and a lack of trust in government services stemming from experiences in home countries. The messages and actions of the current Administration toward immigrants have heightened fears of institutions—even for those with legal status—which has made the goals of the CBOs more difficult to achieve. Under these circumstances, families may move overnight and be difficult to locate. Families who have taken 5 to 6 years to arrive in Maine and made many adjustments along the way are now retraumatized by the prospect of new disruptions.

Population needs are ever-changing and difficult to predict. Service needs that had not been anticipated at the outset include mental health and emotional supports, suicide prevention, coping with and preventing violence, and oral health. With the 2025 government shutdown, food insecurity became a major concern. One of the biggest challenges is not being able to find the resources families need; sometimes "the rules" simply don't work in individual cases, and "you're up against a wall" with no recourse.

Operational challenges for community health workers. Community health workers faced the following obstacles:

- Communicating in less familiar languages without losing meaning.
- Learning about all the resources available.
- Reluctance of some parents to acknowledge children's problems and/or hesitation about the value of early intervention, often hoping their child will outgrow the issue.
- Navigating the referral process to Child Development Services.
- Facing conflict while advocating for children's interests in school settings: We need to be advocates for what is best for children. Schools are often not ready to hear advocacy…they may not be expecting questions.

Lessons Learned

Across implementation, community-based organizations and community health workers identified several lessons related to building trust, navigating cultural differences, and supporting families as they engage with health, early childhood, and social service systems that may differ from those they have previously experienced.

- **Trust is built through relationships.** Much of the success rests on the individual community health worker's demeanor and ability to build trusting relationships. Relationship-building through informal communication in non-clinical encounters paves the way for more formal screening. Families are getting information from a variety of other sources, so trust-building is ongoing.
- **Cultural understanding must remain individualized.** While some generalizations about language and culture may be valuable, every home has its own culture.
- **Neutral, strengths-based information supports engagement.** Provide information in a neutral manner, grounded in research and best practice, but let families make their own decisions about what is best for their children. People who believe we are sent by someone are naturally skeptical, and they won't come back. This approach helps maintain trust and prevents families from disengaging, believing that providers are being too pushy.
- **Parents' roles should be reinforced**. Reinforce parents' roles as their child's primary caregiver, that they are the ones to make decisions about their children. Interfering with parents' decision-making can cause blame or confrontation.
- **Starting with families' priorities supports sustained engagement**. Start with the family's priorities, which are often basic needs (e.g., housing, food) but persist in getting to the children. Pay attention to the children during a discussion with parents. Make connections with the children and informally assess what may be going on, and try to talk to parents about the children.

Summary

Families who have newly resettled in Maine and whose languages and cultures differ from the mainstream benefited from trusted liaisons—community health workers—who helped them access existing services and navigate unfamiliar systems. CBO awardees embraced a whole-family approach to service delivery, building trust while supporting early screening and intervention for populations that might otherwise be reluctant to engage.

During the 20-month grant period, the awards provided direct benefits to families and children and generated valuable lessons about effective engagement and service delivery. However, while these lessons are likely to inform future work, participating organizations reported that they cannot continue services at the same level of intensity without additional grant funding.